

Ray Leftwich, Interim ADA Coordinator City Hall

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SECTION 1: COMPLAINANT INFORMATION						
Name of Complainant (First name, Last name)			Telephone	Telephone Number (including area code)		
Mailing Address						
City			State		Zip	
Person Preparing Complaint & Relationship (if different from Complainant) Email address						
SECTION 2: COMPLAINT/GRIEVANCE INFORMATION						
Alleged Violation Date(s)	Alleged Violation T		on Time(s)	Fime(s)		
Location of Your Complaint/Grievance						
Description of Alleged Violation (attach additional p	pages if necessary)					
Requested Remedy for Violation (attach additional						
a State or Federal Agency? No Yes	Name of Agency		Date Filed	Contact Per	rson	
Other Comments						
SECTION 3: SIGNATURE				Data		
Signature				Date		

Upon request, reasonable accommodation will be provided in completing this form. The completed form should be submitted to the City of Lincoln's ADA Coordinator.

NOTE: Submission of this form does not constitute a claim for money or damages under California Government Code sections 900 et seq. or any similar laws. If you want to submit a claim for money or damages against the City, you must submit a separate written claim to the City Clerk. Claim forms are available through the City Clerk's office.